



07/07/2005 09:14 FAX 4153712201

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## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail****Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax (571) 273-2885**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7390

07/07/2005

**EDWARD J. LYNCH**  
**DUANE MORRIS LLP**  
**ONE MARKET**  
**SPEAR TOWER, SUITE 2000**  
**SAN FRANCISCO, CA 94105**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

<b>Ruth Der</b>	(Depositor's name)
<i>[Signature]</i>	(Signature)
<b>October 7, 2005</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/847,181	05/01/2001	Richard E. Hill III	<del>22963-1290</del> <b>R0370-02300</b>	5103

TITLE OF INVENTION: HELICALLY SHAPED ELECTROPHYSIOLOGY CATHETER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<del>NO</del> <b>YES</b>	<del>\$400</del> <b>\$700</b>	\$300	<del>\$1700</del> <b>\$1000</b>	10/07/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
COHEN, LEE S	3739	606-041000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Edward J. Lynch**2 **Duane Morris LLP**

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**CardiMa, Inc.****47266 Benicia St., Fremont, CA 94538**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

10/07/2005 HDNESS2 00000047 041679 09847181

01 FC:2501	700.00 DA
02 FC:1504	300.00 DA
03 FC:8001	30.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies **10**

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **04-1679** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*[Signature]*  
**Edward J. Lynch**

Date

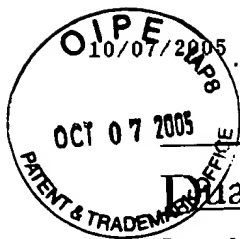
**Oct 5, 2005**

Typed or printed name

Registration No. **24,422**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**Duane Morris**

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PHONE: 415.371.2200  
FAX: 415.371.2201

## **FACSIMILE TRANSMITTAL SHEET**

**To:** Mail Stop ISSUE FEE

**FIRM/COMPANY:** USPTO

**FACSIMILE NUMBER:** (571) 273-2885

**CONFIRMATION  
TELEPHONE:**

**FROM:** Ruth Der, Paralegal

**DIRECT DIAL:** 415.371.2231

**DATE:** October 7, 2005

**USER NUMBER:**

**FILE NUMBER:** Atty Docket No. R0370-02300, US Serial No. 09/847,181

**TOTAL # OF PAGES:** 5  
(INCLUDING COVERSHEET)

**MESSAGE:** Attached is *Part B – Fee(s) Transmittal*.

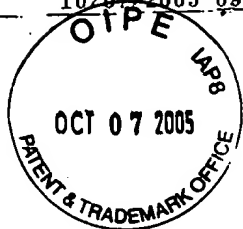
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PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of  
Hill, III et al.

For: **HELICALLY SHAPED  
ELECTROPHYSIOLOGY CATHETER**

Serial No.: 09/847,181

Filed: May 1, 2001

Atty. Docket No.: R0370-02300

) Examiner: Lee S. Cohen

) Group Art Unit: 3739

) Confirmation No.: 5103

) **TRANSMITTAL**

## CERTIFICATE OF MAILING PURSUANT TO 37 CFR 1.8

I hereby certify that this correspondence is being transmitted by facsimile to (571) 273-2885, Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 10/7/2005 in San Francisco, CA.

By: [Signature]

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application are the following:

X Part B - Fee(s) Transmittal in duplicate.

2. Fees Due

X Issue fee \$700.; and  
X Ten advanced copies, \$30.  
X Publication fee, \$300.

**Total Fees Due....\$1030.00**

3. Payment of Fees

X The Commissioner is authorized to charge the fees associated with this communication and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0370-02300. A duplicate copy of this transmittal is enclosed.

Respectfully,

By: [Signature]  
Edward J. Lynch  
Registration No. 24,422  
Attorney for Applicants

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